

Name in Full

Certificate of Death

Mary L. Bischoff

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 18

Age

25 9 28

Md

House Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

or

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Consumption

How long sick

2 or 3 years

Accident, Suicide, Homicide

Reported by

S. Savage Undertaker

Address

Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Geo. Benny

Town

County

Died at

Sweeton

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug 1904

Age

3

-

-

MA

-

Male

White

Married

Widow

Divorced

-

-

Single

Widower

Number of children living

Husband

of

-

Wife

Father's

Name

Brady Benny

Mother's

Maiden Name

106

Cummin

Cause of

Primary

How long sick

Inflammation of bowels 1 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. C. Conner

Sweeton

Address

Sweeton



..

21

Christiana Engle

Town

County

Died at

West No 9

Sancti

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *02*

Aug 21

Age

86-5

Ind

Housewife

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

3

~~Husband~~ of

Wife

Father's

Name

Geo Boyd

Mother's

Maiden Name

79

Cause of

Primary

Tabular Disease of Heart

How long sick

Death

Immediate

Loss of Compensation with

2 yr
Properly Examinated
Accident, Suicide, Homicide

Reported by

F. Alan S. Murray M.D.

Address

Freight P.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sancti

5

15.4



Name in Full

Certificate of Death

Mrs Herbert Flowers

Died at W Lake Park Town W Lake Park County MARYLAND
 Date 19 02 Aug 19 19 Age 25 - - Native of Ma Occupation H wife
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Herbert Flowers
 Wife of Herbert Flowers
 Father's Name J. Enlow Mother's Name Brooks
 Maiden Name Brooks

Cause of Death { Primary Tuberculosis How long sick 2 years
 Immediate Tuberculosis Accident Suicide Homicide

Reported by M. G. Hembayh 27
 Address Oakland Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Elser Folk
 Town

X

County

Died at

Granbury
 Y. M. D. *Garrett*

MARYLAND

Date 19

Month

Day

Age

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Nelson Folk *Zora Layman*

Cause of

Primary

Premature birth

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

H L Berans MD

Address

Granbury
MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Date 1901

Male

White

~~Married~~~~Widow~~~~Divorced~~

Occupation

~~Number of children living~~Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

MARYLAND

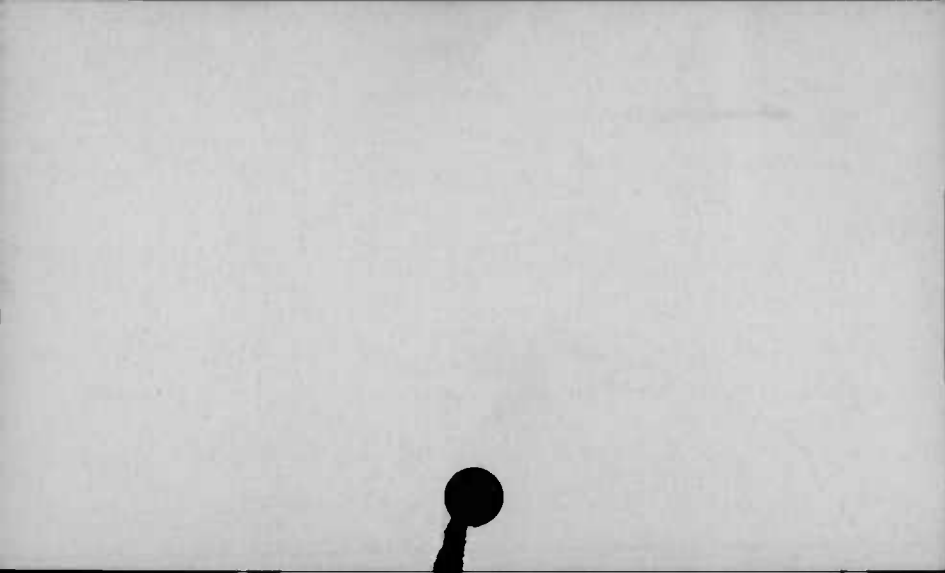
Hiram D. Frantz
 Town ~~Garrett~~ County ~~Garrett~~

Month ~~8~~ Day ~~6~~ Y. ~~27~~ M. ~~D.~~ Native of ~~Md~~ Occupation ~~Saborer~~
~~Female~~ ~~Colored~~ Single ~~Widower~~

Father's Name ~~Wm. B. Frantz~~ Mother's Maiden Name

Cause of Death { Primary ~~Accident~~
 Immediate ~~Rupture of Peritoneum~~ How long sick ~~2 days~~
~~Accident, Suicide, Homicide~~

Reported by ~~A. J. Indeson M.D.~~
 Address ~~Foxfieldville Md.~~



Name in Full

Certificate of Death

Mary Magaline Fratz

Town

County

Died at

Accident Garrett

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 August 10

Age

85

Germany

Farmer

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Five

Husband

of

Wife

Father's

Name

Leonard Fratz

Mother's

Maiden Name

Cause of

Primary

Senility

154

How long sick

11 years

Death

Immediate

Bronchitis

Accident, Suicide, Homicide

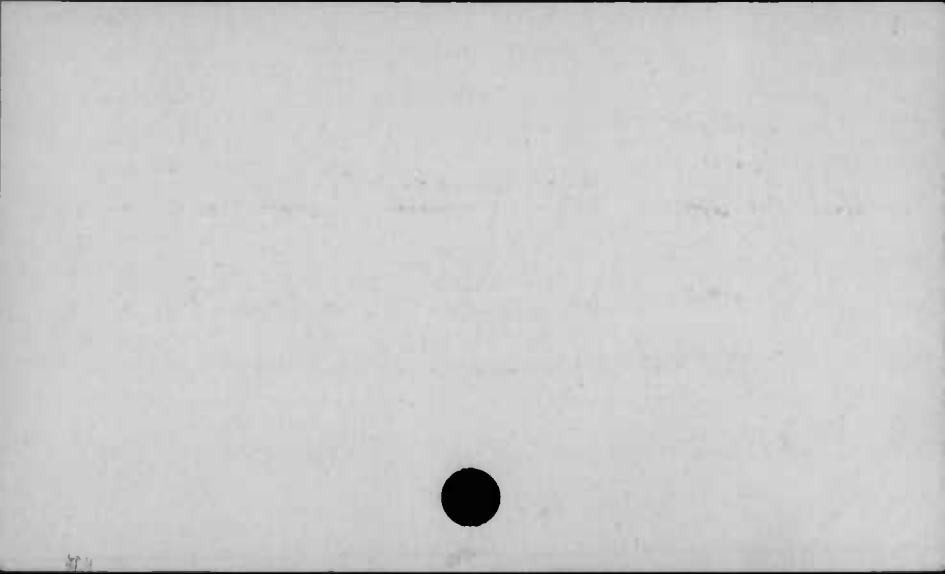
Reported by

Address

R. A. Ravenscroft
Accident Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7898



Name in Full

Certificate of Death

Finnia X

Town

County

Died at

MARYLAND

Date 19

02

Aug

13

Age

9

Native of

Occupation

Male

White

Single

Widow

Divorced

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cholera Infantum

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Walter Finn

105
Seventon

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75893



X
Friend

Town

County

MARYLAND

Died at Swanton

Garrett

Month Day

Y. M. D.

Native of

Occupation

Date 1902

8 12

Age

4. 19

Md.

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband

of

Walter Friend

Wife

Father's

Mother's

Name Walter Friend

Maiden Name

Maggie Rexroad

Cause of

Primary

Death

Immediate

105
Cholera Infantum

How long sick

6 days

Accident, Suicide, Homicide

Reported by

Swanton Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mahala Jordan

Town

County

Died at

Oakland

Month

Y.

M.

D.

Native of

Germantown

MARYLAND

Occupation

Date 19

02 Aug 9

Age

28

Married

Widow

Divorced

Ma H wife

Female

White

Single

Widower

Number of children living

1

Husband of

Wife

Father's

Name

Charles Jordan

Mother's

Dora McCarty

Maiden Name

McKesson

Cause of

Primary

Consumption

How long sick

9 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Charles Jordan

Address

Oakland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

Apr 10

Age

1-5-31

Md

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Spinal Disease

How long sick

1 year 5 months

Death

Immediate

Meningitis

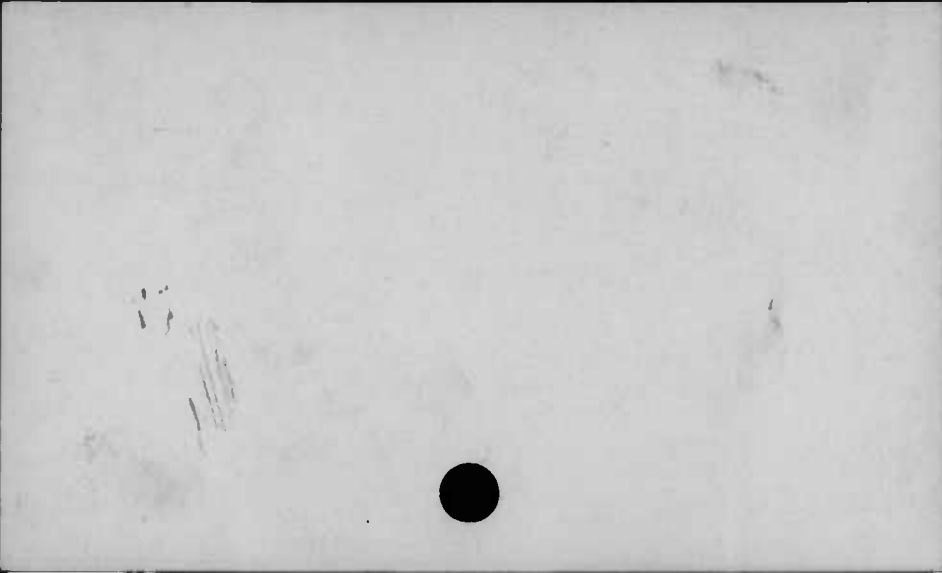
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828



Name in Full

Certificate of Death

X James Gleason

Died at Deer Park Town Garrett County MARYLAND

Date 1902 Month May Day 7 Y. 77 M. — D. — Native of Ireland Occupation Schooner

Male White Married — ~~Widower~~ ~~Divorced~~ Widower Number of children living 7

Female Colored Single

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cholera Morbus

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

E D Gleason 130

Address

Deer Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joseph Green X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

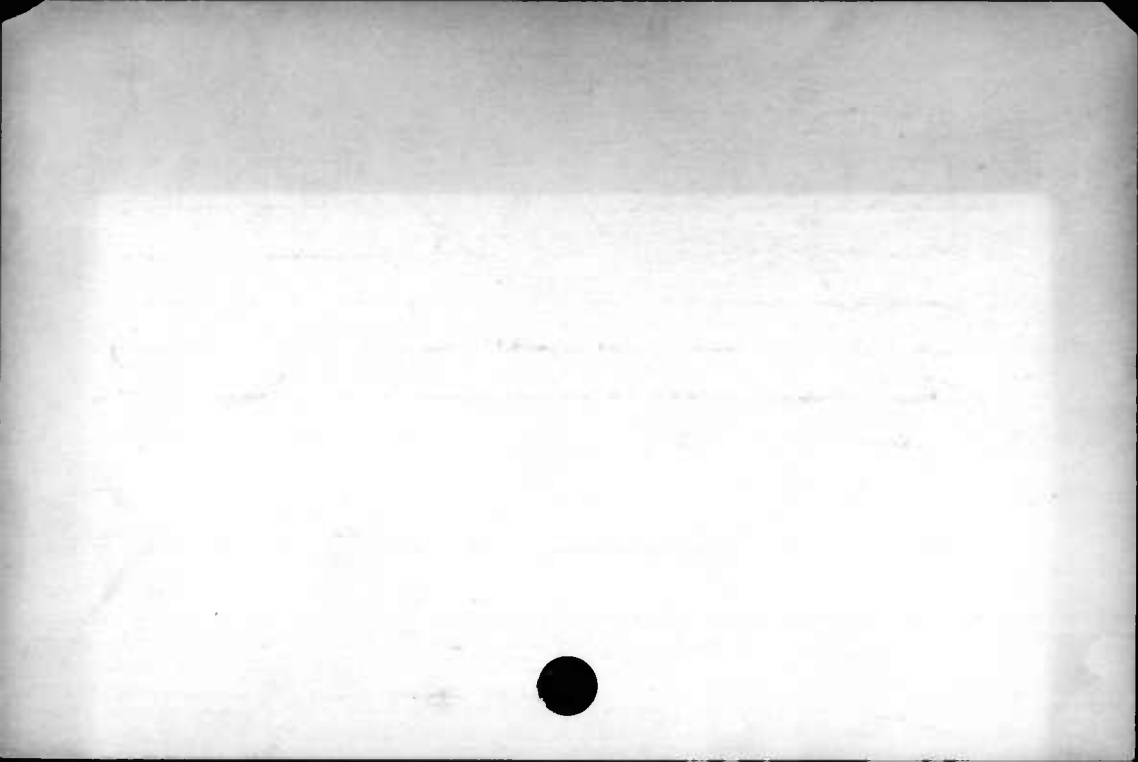
Died at <i>Bloomington</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>18</i>	Age	Years	Months
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Barton</i>	
Married, Single or Widowed <i>L</i>			Occupation <i>L</i>		
Name of Wife or Husband <i>L</i>					
Father's Name <i>Wm. Green</i>			Father's Birthplace <i>Garrett Co</i>		
Mother's Maiden Name <i>Mary M Wilt</i>			Mother's Birthplace <i>Garrett Co</i>		
Name of person giving information <i>Wm Green</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

John F. Dawson, Undertaker

PHYSICIAN
OR CORONER

Primary		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>151</i>
		Address
Accident or Suicide?		



Name in Full

Certificate of Death

Moses Hillard ~~St. Louis~~ Mo

Died at MT Lake Park Town County MARYLAND

Date 19 07 May 13 Y. 70 M. — D. — Native of dent know Occupation dent know

Male — White — ~~Married~~ Widow ~~Divorced~~ —

— — Single Widower — Number of children living —

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

R.R. Accident

How long sick

Killed

Accident, ~~Suicide~~ ~~Homicide~~

Reported by

A Brown

Address

Oakland

1166

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Charles F. Hamp

Town

County

Died at

Cove

Somers

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

August 14

Age

4 10

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Lewis Hamp

Mother's

Maiden Name

Alice

Cause of

Primary

Enteritis

How long sick

5 days

Death

Immediate

"

105

Accident, Suicide, Homicide

Reported by

R. A. Bannister

Address

Accident

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75598



Name in Full

Certificate of Death

Kefner X

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Color

Single

Widower

Number of children living

Husband

Wife

Father's

Mother's

Name

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

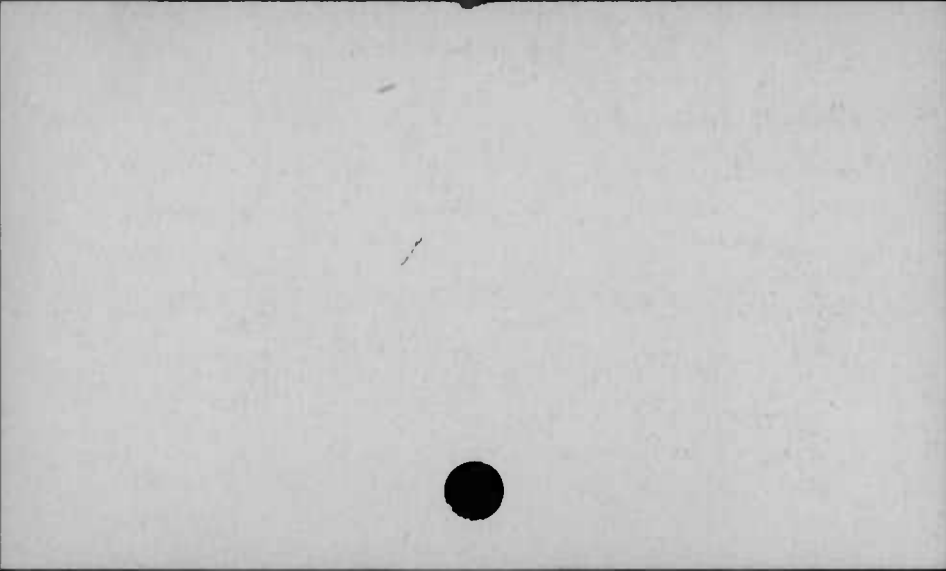
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79806



Edward R^x Lee

Town Bethesda County Garnett MARYLAND

Died at Bethesda

Date 19 02 Aug 1 Age 38 - - Ma Garnett

Male Female White Colored Married Single Widowed Widower Divorced Number of children living

Husband of

Wife

Father's Name George A. Beckman Mother's Maiden Name Haverly

Cause of Death { Primary struck by lightning Immediate How long sick

Accident, Suicide, Homicide

Reported by Richard Locater 171

Address Bethesda MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thurman L. Lincoln

Died at Table Rock Town Garnett County MARYLAND
 Date 1902 Month Aug Day 21 Age 48 Y. M. D. Native of Pa Occupation Samper
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living —

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of { Primary Tuberculosis
 Death { Immediate

How long sick

7 years

Accident, Suicide, Homicide

Reported by

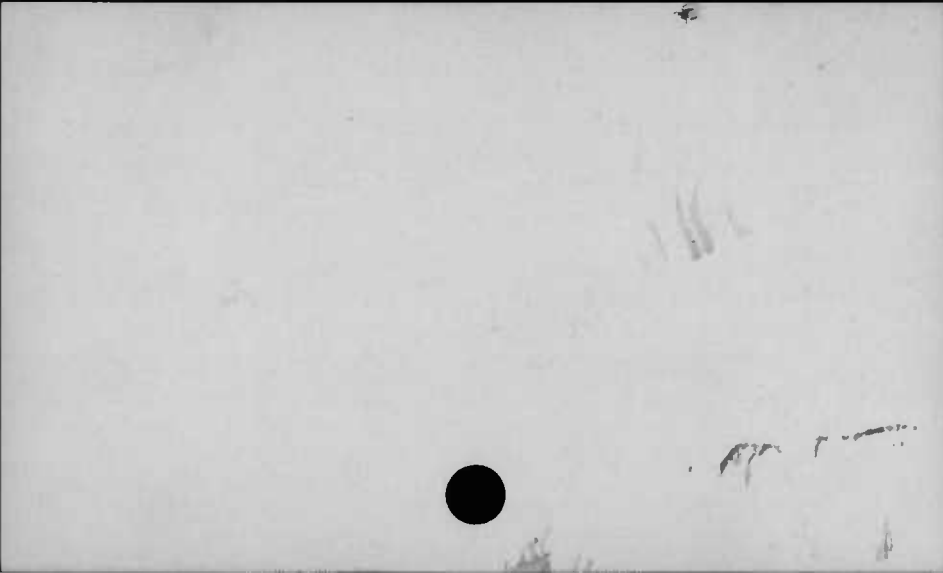
A. Brown

Address

Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Ans & Agnis Maynard Merry
 Town County

Died at *Oakland sanatorium* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19*02* *Aug* *18* Age *21* - *Florida*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of *—*
 Wife

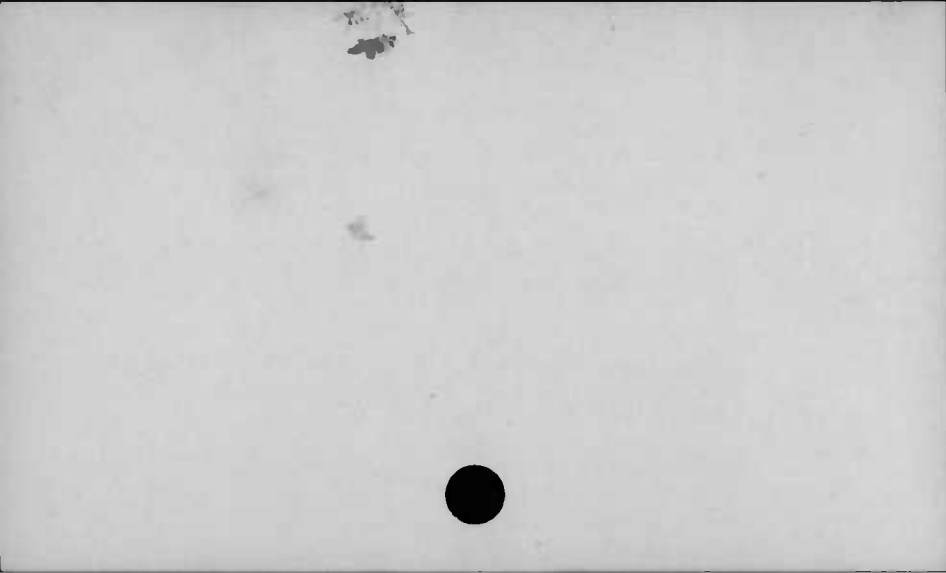
Father's Name *Norman Mary* Mother's Maiden Name *—*

Cause of Death { Primary *~~Typhoid fever~~* Immediate *Typhoid fever* How long sick *2 weeks*
 Accident, Suicide, Homicide

Reported by *H W McCombs*

Address *Oakland Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hamil Smouse
 Died at *Grantsville* *Ga. Co*

MARYLAND

Date *1902 Aug 9* Month *Aug* Day *9* Age *78* Y. M. D. Native of *Ga. Co* Occupation *Blacksmith*
 Male *White* Married *Widow* *Divorced*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of *Prucilla Smouse*
 Wife
 Father's Name Mother's Name

Cause of Death { Primary *Paralysis* How long sick *one year*
 Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *J. B. Louderbaugh Mrs*
 Address *Grantsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55069



Name In Full

Certificate of Death

Sheridan Stateburn

Died at Mt Zion Town Gerrard County MARYLAND
 Date 19 02 May 1903 Month Day Y. M. D. Native of Ma Occupation —
 Male White Married Single Widower Number of children living
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Sheridan Stateburn Mother's Maiden Name King

Cause of Death { Primary Spinal Trouble How long sick 32 days
 Immediate — Accident — Suicide — Homicide —

Reported by

Address

J. S. Sharp
Swanton Ma



Laylor X

Died at Mt. Lakeport Town Genesee County MARYLAND
 Month 02 Day 24 Y. 2 M. 7 D. Washington Native of — Occupation —
 Date 19 02 any 24 Age 2-7 Washington
 Male White Married — Widowed —
 Female Colored Single — Widower — Number of children —

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

5 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

D. McCormac

Address

Oakland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

